



13281 U.S. PTO

022304

22386 U.S. PTO
10/782965

PTO/SB/05 (08-03)

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY PATENT APPLICATION TRANSMITTAL <i>(Only for new nonprovisional applications under 37 CFR 1.53(b))</i>		Attorney Docket No.	000166.0096-US02																										
		First Inventor	Lloyd P. Johnston																										
		Title	SYSTEM FOR FILLING CONTAINERS																										
		Express Mail Label No.																											
APPLICATION ELEMENTS <i>See MPEP chapter 600 concerning utility patent application contents.</i>			MS Patent Application ADDRESS TO: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450																										
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original, and a duplicate for fee processing)</i> 2. <input type="checkbox"/> Applicant claims small entity status. <i>See 37 CFR 1.27.</i> 3. <input checked="" type="checkbox"/> Specification [Total Pages 21] <i>(preferred arrangement set forth below)</i> - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings <i>(if filed)</i> - Detailed Description - Claim(s) - Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 8] 5. Oath or Declaration [Total Sheets 3] a. <input type="checkbox"/> Newly executed (original or copy) b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 18 completed)</i> i. <input type="checkbox"/> DELETION OF INVENTOR(S) <i>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</i> 6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76																													
7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program <i>(Appendix)</i> 8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statements verifying identity of above copies																													
ACCOMPANYING APPLICATION PARTS <table border="0"> <tr> <td>9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))</td> <td>10. <input checked="" type="checkbox"/> 37 CFR 3.73(b) Statement <i>(when there is an assignee)</i> <input checked="" type="checkbox"/> Power of Attorney</td> </tr> <tr> <td>11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i></td> <td>12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</td> </tr> <tr> <td>13. <input type="checkbox"/> Preliminary Amendment</td> <td>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i></td> </tr> <tr> <td>15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i></td> <td>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</td> </tr> <tr> <td>17. <input type="checkbox"/> Other: _____</td> <td></td> </tr> </table>					9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))	10. <input checked="" type="checkbox"/> 37 CFR 3.73(b) Statement <i>(when there is an assignee)</i> <input checked="" type="checkbox"/> Power of Attorney	11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i>	12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations	13. <input type="checkbox"/> Preliminary Amendment	14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i>	15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i>	16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.	17. <input type="checkbox"/> Other: _____																
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18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76: <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: <u>10/052,632</u> Prior application information: Examiner <u>John Roger Paradiso</u> Art Unit: <u>3721</u>																													
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.																													
19. CORRESPONDENCE ADDRESS <table border="0"> <tr> <td><input checked="" type="checkbox"/> Customer Number:</td> <td colspan="2">26853</td> <td>OR</td> <td><input type="checkbox"/> Correspondence address below</td> </tr> <tr> <td>Name</td> <td colspan="4">COVINGTON & BURLING</td> </tr> <tr> <td>Address</td> <td colspan="4">1201 Pennsylvania Avenue, NW</td> </tr> <tr> <td>City</td> <td>Washington</td> <td>State</td> <td>D.C.</td> <td>Zip Code</td> </tr> <tr> <td>Country</td> <td>USA</td> <td>Telephone</td> <td>202.662.6000</td> <td>Fax</td> </tr> </table>					<input checked="" type="checkbox"/> Customer Number:	26853		OR	<input type="checkbox"/> Correspondence address below	Name	COVINGTON & BURLING				Address	1201 Pennsylvania Avenue, NW				City	Washington	State	D.C.	Zip Code	Country	USA	Telephone	202.662.6000	Fax
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City	Washington	State	D.C.	Zip Code																									
Country	USA	Telephone	202.662.6000	Fax																									
Name (Print/Type)	Andrea G. Reister		Registration No. (Attorney/Agent)	36,253																									
Signature			Date	February 23, 2004																									

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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003, Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$ 770.00)**Complete if Known**

Application Number	Continuation of 10/052,632
Filing Date	February 23, 2004
First Named Inventor	Lloyd P. Johnston
Examiner Name	Not Yet Assigned
Art Unit	N/A
Attorney Docket No.	000166.0096-US02

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order Other None

Deposit Account:

Deposit Account Number 50-0740

Deposit Account Name Covington & Burling

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments

Charge any additional fee(s) or any underpayment of fee(s)

Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1001 770	2001 385	Utility filing fee	770.00
1002 340	2002 170	Design filing fee	
1003 530	2003 265	Plant filing fee	
1004 770	2004 385	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	
SUBTOTAL (1) (\$)		770.00	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE			
Extra Claims	Fee from below	Fee Paid	
Total Claims 17	-20** =		0.00
Independent Claims 1	-3** =		0.00
Multiple Dependent			
Large Entity Small Entity			
Fee Code (\$)	Fee Code (\$)	Fee Description	
1202 18	2202 9	Claims in excess of 20	
1201 86	2201 43	Independent claims in excess of 3	
1203 290	2203 145	Multiple dependent claim, if not paid	
1204 86	2204 43	** Reissue independent claims over original patent	
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2) (\$)		0.00	
*Reduced by Basic Filing Fee Paid			
SUBTOTAL (3) (\$)		0.00	

**or number previously paid, if greater; For Reissues, see above

(Complete if applicable)

Name (Print/Type)	Andrea G. Reister	Registration No. (Attorney/Agent)	36,253	Telephone	(202) 662-6000
Signature				Date	February 23, 2004



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022304

Docket No.: 000166.0096-US02
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Lloyd P. Johnston et al.

Application No.: Continuation of 10/052,632 Group Art Unit: N/A

Filed: February 23, 2004 Examiner: Not Yet Assigned

For: SYSTEM FOR FILLING CONTAINERS

TRANSMITTAL LETTER

MS Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Enclosed are the following items for filing in connection with the above-referenced Patent Application:

1. Fee Transmittal;
2. Utility Patent Application Transmittal;
3. Application Data Sheet;
4. Utility application comprising: 17 pages of description; three pages of claims (17 claims); a one page abstract; and eight sheets of drawings (Figs. 1-9);
5. Copy of the Combined Declaration and Power of Attorney for Patent Application filed in prior Application No. 10/052,632;
6. Copy of the Power of Attorney from Assignee filed in prior Application No. 10/052,632;

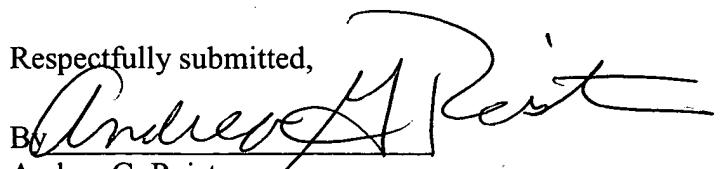
7. Copy of the Certificate under 37 CFR 3.73(b) with a copy of the Assignment, filed in prior Application No. 10/052,632;
8. Information Disclosure Statement;
9. Form PTO/SB/08a/b;
10. Check No. 324731 for \$770.00 to cover the basic filing fee; and
11. Two return receipt postcards.

The Director is hereby authorized to charge any deficiency in the fees filed, asserted to be filed or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Deposit Account No. 50-0740, under Docket No. 000166.0096-US02. A duplicate copy of this paper is enclosed.

It is not believed that extensions of time or fees for net addition of claims are required beyond those that may otherwise be provided for in documents accompanying this paper. However, if additional extensions of time are necessary to prevent abandonment of this application, then such extensions of time are hereby petitioned under 37 C.F.R. § 1.136(a), and any fees required therefor (including fees for net addition of claims) are hereby authorized to be charged to our Deposit Account No. 50-0740.

Dated: February 23, 2004

Respectfully submitted,

By 
Andrea G. Reister

Registration No.: 36,253
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